

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/720522**
APPLICANT(S)

FILING DATE

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51					
2	/					52					
3	/					53					
4	/					54					
5	/					55					
6	/					56					
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46	/					96					
47	/					97					
48	/					98					
49	/					99					
50	/					100					
TOTAL	IND.					TOTAL	IND.				
TOTAL	DEP.					TOTAL	DEP.				
TOTAL	CLAIMS					TOTAL	CLAIMS				